

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044495

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 80

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 16 1963

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFF</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>DE SOTO</b>		Length of stay in lb <b>22 yrs</b>	c. CITY OR TOWN <b>DE SOTO</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>911 DE WITT</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>911 DE WITT</b>
3. NAME OF DECEASED (Type or print) First <b>SAMUEL</b> Middle <b>MURTEL</b> Last <b>COLEMAN</b>		4. DATE OF DEATH Month <b>DEC</b> Day <b>6</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-25-76</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (last birthday) <b>87</b>
11. BIRTHPLACE (City and state or country) <b>Steelville, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN C. COLEMAN</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH TENKER</b>	
14. NAME OF HUSBAND OR WIFE <b>ANNA MAY COLEMAN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[blank]</b>		17. INFORMANT <b>ANNA M. COLEMAN</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> DUE TO (b) <b>Hypertension - arteriosclerosis</b> DUE TO (c) <b>[blank]</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>[blank]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b> <b>years</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>[blank]</b>		20c. TIME OF INJURY Hour <b>[blank]</b> a.m. <b>[blank]</b> p.m. <b>[blank]</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>[blank]</b>	
20f. CITY, TOWN, OR LOCATION <b>[blank]</b>		COUNTY <b>[blank]</b> STATE <b>[blank]</b>	
21. I attended the deceased from <b>Feb 16, 1954</b> to <b>Dec 6, 1963</b> and last saw him alive on <b>Dec 4, 63</b> Death occurred at <b>10:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Marie V. 27 funeral home</b>	
22b. ADDRESS <b>De Soto, MO</b>		22c. DATE SIGNED <b>Dec 7, 63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/8/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN</b>	23d. LOCATION (City, town, or county) (State) <b>DE SOTO MO</b>
24. FUNERAL DIRECTOR <b>MAHN Funeral Home De Soto, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-8-1963</b>	
26. REGISTRAR'S SIGNATURE <b>Marie Harris</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

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**STATEMENT BY LICENSED EMBALMER**

0-08

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed Gerald J. Mahn

Licensed Embalmer No. 7173

P. O. Address De Soto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.